U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL RESEARCH SERVICE

Form Approved: OMB No. 0518-0028 Expiration Date: 09/30/2003

OFFICE OF SCIENTIFIC QUALITY REVIEW					
PEER REVIEWER INFORMATION					
ational Program			Panel Dates		
		From:		То:	
The reviewer whose signature appears below agrees to treat the c documentation, including but not limited to the ARS CRIS Research Proconflicts-of-interest, which are outlined in the Guidelines for Reviewing Review (OSQR).	ject Prospectus, received	for review as conf.	idential. Fi	nal determination of	
Full Name	Social Security Number	Signature			
Full Title	Business Telephone Number				
Business Address		Business FAX Number			
		E-Mail Address			
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Express Mail Address (if different from above)	Home Address	ess			
Scientific Area(s) of Expertise					
Please check the National Program(s) Panel(s) on which you are interested in serving.					
101 Food Animal Production	206 Manure and Byproduct Utilization				
103 Animal Health	207 Integrated Farmi	207 Integrated Farming Systems			
104 Arthropod Pests of Animals and Humans 105 Animal Well-Being and Stress Control Systems	301 Plant, Microbial, and Insect Genetic Resources, Genomics and Genetic Improvement				
106 Aquaculture	302 Plant Biological and Molecular Processes				
107 Human Nutrition	303 Plant Diseases				
108 Food Safety (animal and plant products)	304 Crop Protection and Quarantine				
201 Water Quality and Management	305 Crop Production				
202 Soil Resource Management	306 New Uses, Quality, and Marketability of Plant and Animal				
203 Air Quality	Products				
204 Global Change	307 Bioenergy and Energy Alternatives				
205 Rangeland, Pasture and Forages	308 Methyl Bromide Alternatives				
Attach a current short Curriculum Vitae (CV), including publications for the last five years and other pertinent information such as panels served, conflicts-of-interest, etc.					
Return this form to: USDA/ARS/OSQR, 5601 Sunnyside Avenue, Mail Stop 5142, Beltsville, MD 20705-5142.					
PRIVACY ACT STATEMENT: The authority to collect personal information on this form is derived from Title 5, U.S.C. 301. The principal purpose for soliciting information on this form is to formally document the residence to which to send documents pertaining to this review. We request your					

Social Security Number (SSN) under authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. Failure to provide the information required will result in delay or suspension of the processing of this form.

PUBLIC BURDEN STATEMENT: According to the paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0518-0028. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.